

Division of School and Community Nutrition
Child and Adult Care Food Program
ELIGIBILITY STANDARDS FOR FREE AND REDUCED MEALS
July 1, 2011 – June 30, 2012

The scale has been calculated by month and year to assist sponsors in determining eligibility. If income is reported weekly, multiply weekly income by 52 and use the yearly scale.

Family Size	Free Meals		Reduced Price Meals	
	Monthly	Yearly	Monthly	Yearly
1	\$1,180	\$14,157	\$1,679	\$20,147
2	\$1,594	\$19,123	\$2,268	\$27,214
3	\$2,008	\$24,089	\$2,857	\$34,281
4	\$2,422	\$29,055	\$3,446	\$41,348
5	\$2,836	\$34,021	\$4,035	\$48,415
6	\$3,249	\$38,987	\$4,624	\$55,482
7	\$3,663	\$43,953	\$5,213	\$62,549
8	\$4,077	\$48,919	\$5,802	\$69,616
For each additional family member, add:	\$ 414	\$ 4,966	\$ 589	\$ 7,067

CURRENT INCOME means income received during the month prior to the application. If this income does not accurately reflect the household's annual rate, income should be based on projected annual household income.

To be complete, an application MUST contain the following:

<p>SNAP/K-TAP HOUSEHOLDS</p> <ol style="list-style-type: none"> Participant's name and birth date SNAP or K-TAP case number Signature of adult household member, date, and the last 4 digits of the social security number 	<p><u>ADULT DAY CARE ONLY</u> SNAP, SSI/MEDICAID HOUSEHOLDS</p> <ol style="list-style-type: none"> Participant's name and birth date SNAP, SSI or Medicaid number Signature of participant/guardian, date, and the last 4 digits of the social security number
<p>ALL OTHER HOUSEHOLDS</p> <ol style="list-style-type: none"> Participant's name and birth date Names of ALL household members Amount of income received by each household member, identified by source and the frequency at which the income is received Signature of an adult household member, date, and the last 4 digits of the social security number 	